								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000								56 83 98 hinu						
CLAIMS AS FILED - PART I									/U O	<u>ــــــــــــــــــــــــــــــــــــ</u>	1101	<u> </u>		
(Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL			
ТО	TAL CLAIMS		C	n	, 2014			RATE	FEE] [RATE	FEE		
FO			NUMBER FILED		NUMBER EXTRA		-	BASIC FEI	+	1		710.00		
		DIE OLANG	0 h		NUMBER EXTRA				- 005.00	OR	BASIC FEE	, 10.00		
10	TAL CHARGEA	BLE CLAIMS	> <i>(</i>)mir	nus 20=	60			X\$ 9=	540)	OR	X\$18=			
⊢	EPENDENT CL	i	<u> </u>	nus 3 =	15			X40=	600	OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT				Ī	+135=		OR	+270=	,		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1,495	OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER			
		(Column 1)	_	(Column 2)		(Column 3)	3) SMA		ENTITY	OR	SMALL			
ENT A	346 ₁	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 91	Minus	80)	= //		X\$ 9=	99.00	OR	X\$18=			
AME	Independent	18	Minus	/ 9	8	=		X40=		OR	X80=			
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						t	+135=			+270=			
	·								90	OR	TOTAL	<u> </u>		
		(Column 1) (Column 2) (Column 3							ADDIT. FEE ON ADDIT. FEE					
	o	(Column 1) CLAIMS		HIGH	EST	(Column 3)	-		ADDI-	, i		ADDI		
ENDMENT B		REMAINING AFTER AMENDMENT	0	NUM PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AMEI	Independent	•	Minus	***		=	ŀ	X40=		OR	X80=	<u> </u>		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		 		1	1				
+135									<u> </u>	OR	+270 <u>=</u>	<u> </u>		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
_	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	o	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=	ŀ	X40=			X80=	7-121		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDEN		CLAIM		-	/ 1 0=	1	OR	7.00=			
						_ 		+135=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									L	_	TOTAL ADDIT. FEE			
	The "Highest Num	nber Previously Pai	id For" (Total o	r Independ	ent) is the	highest number	r foui	nd in the a	ppropriate bo	x in co	lumn 1.			